State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name Neahkahnie Wa		Neahkahnie Water	r District		PWS	PWS ID# 4 1 00506		
Month/Ye	ear <i>08</i>	12024 Entry	Point: WTP-B	(Fyd.#66)	Requ	ired Minimu	ım Residual	0.4 mg/L
Date	Time Source(s		distribution system		int to	APM	Notes	
1		Spris 1-3 +8	irates sor	0.47				
2		,		0.47				
3				0.47		Andrew Street St		***************************************
4				0.46	•	***************************************		-
5				047		***********		
6				0.48		THE IS IN COURSE OF THE PERSON	Control of the Contro	
7				0.48			Adding the spherical and the state of the st	***************************************
8				0.43		**************************************		
9				0.50		***************************************		
10				0.64		***************************************		
11				0.46		and the second s		***************************************
12				0.52				***************************************
13				0.52			***************************************	****
14				0.52			and the state of t	
15		t this side of the time that a hydrocological and accompany to the plant of the company to the company of the c		0.49		,•		
16				0.45				_
17				0.47				and the state of t
18				0.42		the distance of the test of the second second	and the second section of the second	***************************************
19				053		T (1 to 1		
20		The state of the s		0.51		W b ***********************************		
21				0.45				***************************************
22		1	**************************************	0.40		Manadana ay managana da ay andina ya andina ay	*****	
23				0.43				
24			A CONTRACTOR OF THE PROPERTY O	0.40				
25			and the second control and the second control and the second seco	0.41			percentage productive describe of the section of the section of the section of the	Control of the Contro
26				0.41				A STATE OF THE STA
27				0.41				
28				0.57				
29				0.51				
30				0.42		and the state of t		
31		V		0.41		And the second second second second	and the state of t	
Was the chlo	orine resid	lual ever less than the	required minimum	residual of 0.40 mg/L) [] Y	es 🛛 No	***************************************	
f yes, what	was the lo	ngest time period unt business day.		-		Parameter 1	rinking Water	Program to be
GWS Se	rving 3.	300 or Fewer		GWS Servin	a More	e Than 3.3	300	
f yes, did you monitor every four hours Did continu			Did continuous m reporting month?	ous monitoring equipment fail at any time this			Date continuous monitoring equipment failed:	
as required? Yes No Attach those results and submit them with his form.			If yes, were grab samples collected every for continuous monitoring equipment was return required?			iro until the	/	1
						service as	Date it was re	turned to
		96.	Attach grab sample results and submit them			with this form. / /		
nted Name: Seatt Amorrill Title: System 07/DRC nature: Seatt a Manch Phone #: (503) 804-4649						Operator Certification #: T-09278		
nature: Seat Co Manual Phone #: (503) 804 - 4649						OR D-09279		
te: 08 / 31 / 7024						Small Groundwater System		